This is to certify that a certain claim by Munste	er Medical
Research Foundation d/b/a The Community Hosp	oital
against Martinez, Irene	g . Take man
in connection with the Notice of Intention to Ho	ld Hospital Lien
which was executed the 19th day of August	, 19 <u>185</u> and
recorded on the 21st day of August , 19	85! (as
instrument No. 816547 (in Hospital Lien B	ook, Page <u>81'6547</u>)
in the office of the Recorder of Lake	County, Indiana,
and was for the reasonable and necessary charges	for hospital care,
treatment and maintenance of Irene Martinez	
	• • • •
Dollars: (\$\frac{1}{3,208,33}) has Been FOIL past and	
Recorder is hereby Authorized to release said	
	(Signature) (Circle)
STATE OF INDIANA) SS: COUNTY OF LAKE Before me, a Notary Public in and for said County	Olfe, Collection Clerk (Printed) ROBER FILED Avand State,
	် တိုင်း
the execution of the foregoing Release of Hospit	al Lian
Witness my hand and Notarial Seal this 17th	day of Jone , 1992.
My Commission Expires:	MIM (X (WMC) Signature)
11-8-95'	Shannon E. Schmal
kesiding in <u>make</u> County, Indiana.	(Printed) ctary Public
This instrument was prepared by Judith Wolfe	, Patient
Representative, The Community Hospital.	
901 mac arthur Blud	
munster Dr.	
A 463'21	
/ `	γ_0

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